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Opioid Education Program

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Opioid Education Program

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Executive Summary

Pain management has become a challenging field both for the patients, their families, and providers. The rise of the opioid crisis has made the availability of opioids limited, even for those patients who truly need the life changing medications. Nurses, physicians, and administrators play a vital role in patient education and the education regarding the importance of using opioids safely. According to Wallace et al. (2013), the prescribing of opioids has been on the rise in the past two decades which has also given rise to opioid induced complications. Lack of patient education regarding the use, misuse, and side effects of opioids can lead to potential injuries, overdose, and even death.

Providing patients with an educational program would greatly decrease their risk of misuse and abuse of opioids. During the educational program, information regarding the potentially dangerous medications they are prescribed would be discussed as well as information regarding how to identify overdose signs, symptoms, and what to do in case of overdose. Furthermore, patients would have the opportunity to ask questions they would have otherwise not asked in the clinical setting. This would result in higher compliance, safer consumption, and increase in knowledge regarding the opioid medications which would mitigate the patient's risk, decrease the nurses risk, and the risk to the organization. Effectiveness would be determined by written pre and post-tests provided to patients during the program. Additionally, this data would be collected and weighed against cost, time spent on the project, and patient knowledge to determine if sustainability is appropriate.

Opioid Education Program

Pain management is a very challenging field to manage and the rise of the opioid crisis has created many obstacles for the thousands of patients who are in dire need of narcotic pain medications. Working in a cancer hospital with pain management patients has been eye opening to the struggles that patients go through every day. Nurses play a vital role in patient education and specifically in the education of the importance of safe use of opioids.

Patients tend to underestimate these medications due to lack of education and do not realize that altering the dosages and quantities without a physician approval can lead to serious side effects and even death. With increased education for the nurses and the patients, a safer healthcare environment and improved outcomes for the patients can be created. Knowledge is key and it is the nurses duty to provide the patients with the information that is necessary for their safety. The opioid crisis and concerns for patient safety have led to the following PICOT question: in patients taking opioids (P), how does an opioid educational program (I) compared to the standard of care education (C) affect patient medication compliance, safety, and overall knowledge (O) within a period of 8 weeks (T)?

Rationale for the Project

Pain management is an integral part of medicine. Opioids are prescribed to patients post-operatively, to patients with cancer related pain, and even to patients with non-cancer related pain. The dangers associated with opioids have been apparent over the last several semesters of research. Patients are often overwhelmed while in the clinic setting after having spent hours in the hospital receiving an immense amount of information. They tend to forget the information that was explained to them, and may leave their appointment feeling unclear about the specifics of the new prescription that was initiated. This can be extremely dangerous and even deadly for the patients.

Cultivating patient safety should be of the utmost importance for a hospital and the nursing administration. Ensuring that patients are presented with the most accurate, current, and evidence-based information is extremely important for the safety and well-being of the patients. The goals with this program would be to increase patient safety and compliance to opioids, and to decrease risks of misuse and abuse for patients which has shown to decrease variances by 60 percent (Hero et al., 2016).

Education is an important aspect of nursing and it is imperative to provide patients with as much accurate information as possible to ensure their safety and success. In a study by De La Cruz et al. (2016), it is noted that the patients who receive education materials showed an overall improvement in multiple categories including safe use, storage, and disposal. It is a nurse's duty to educate the patients on the side effects of these medications, what to do in case of overdose, and opioid dependence and withdrawal. Improving patient safety and providing the nursing staff with the adequate tools to be successful in practice led to the PICOT question and benchmark project.

Literature Synthesis

The benefits of this benchmark educational program have been apparent throughout the research process over the past few semesters. As seen in Appendix A, the research was abundantly clear that education in any form or manner is beneficial. Eleven out of the 12 articles stated that the patients or family members knowledge about opioids increased after the educational intervention (Costello et al., 2016; De La Cruz et al., 2015; Dunn et al., 2017; Ho et al., 2015; James et al., 2019; McCarthy et al., 2015; Oldenmenger et al., 2017; Plat-Mills et al., 2018; Waszak et al., 2018; White et al., 2018; & Zhu et al., 2018). The studies by Costello et al. (2016), James et al. (2019), Oldenmenger et al. (2017), and White et al. (2018) all used an in-person educational method to educate the patients on their narcotic pain medications. The

studies by De La Cruz et al. (2015), Dunn et al. (2017), and Plat-Mills et al. (2018) used a pamphlet or educational handout to educate the patients. The studies by Ho et al. (2015), McCarthy et al. (2015), and Waszak et al. (2018) used both in-person education in addition to an educational pamphlet or handout. Although each study conducted a slightly different type of educational program for the patients, the diversity shows that if the nurses adequately educate the patients, the patients will benefit from the information and would result in an improvement of their knowledge about opioids. In the study by Zhu et al. (2018), the family members (of the minors) who attended the educational program not only gained knowledge about the medications, but also increased their use of other nonpharmacological methods which also resulted in a decrease in their pain medications.

Three of the 12 articles that were reviewed showed that the educational programs increased the knowledge of the nurses (Costello et al., 2016; Leung et al., 2019; & Waszak et al., 2018). As stated by Costello et al. (2016), when nurses are well educated, it makes an astounding difference in the quality of education that patients receive. Nurses lack of knowledge regarding opioids may be contributing to patient's mishandling and abuse of opioids and nurses must be adequately trained in order to be able to provide the vital information that patients need in order to safely take opioids. The study by Costello et al. (2016) provides pivotal information stating that when nurses understand opioids better, they can better educate the patients in order to provide them with the essential information they need in order to be safe and compliant.

Patient compliance on their medications improved in the studies by Costello et al. (2016), Dunn et al. (2017), Oldenmenger et al. (2017), and Waszak et al. (2018). In the studies by Costello et al. (2016), De La Cruz et al. (2015), and Waszak et al. (2018), patient safety further improved with the educational intervention by increasing patient knowledge of safe storage of their opioid medications, teaching the patients how to correctly dispose of their medications, and

decreasing improper use. Furthermore, when patients understand the importance and dangers of sharing their opioid medications, a decrease in the trend is noted (Costello et al., 2016; & De La Cruz et al., 2015).

Appendix A depicts the variety of interventions that patients can benefit from when being properly educated. From decreasing their behavioral risks, to increasing their knowledge of opioid overdose, it is important to provide patients with high quality education to keep them safe (Dunn et al., 2017). Plat-Mills et al. (2018) and White et al. (2018) also depict that adequate patient education can also lead to decreased pain levels and opioid intake.

Project Stakeholders

According to Melnyk and Fineout-Overholt (2019), in order to establish a successful project, it is important to engage staff and stakeholders of all levels. The key stakeholders for this benchmark project include the patients, their families, the nursing staff, physicians, administrators, and the hospital. If implemented, this benchmark project would have impacted many throughout the organization over time.

A high quality interprofessional team is vital to the success of a project. Administrators are likely to share ownership of the project when involved early in the process and can be extremely beneficial and influential for staff participation (Melnyk & Fineout-Overholt, 2019). The nurse leaders would oversee the project and ensure that guidelines and procedures are maintained within the institutional policies.

The direct impact this would have had on patients and their families safety would positively benefit the organization by minimizing risk. The nursing staff, physicians, and administrators would need to encourage patients and staff to participate in the education program for successful sustainability. Passionate team members of the project could build excitement to

promote the educational program to other staff members throughout the organization (Melnyk & Fineout-Overholt, 2019).

Implementation Plan

Implementing a successful project requires a great deal of planning, dedication, and support from the stakeholders. Unfortunately, this project was not able to be implemented and thus the following are the steps that would have been taken to successfully carry out the project. The first step to be able to hold an educational program for patients at the organization would be to submit the evidence and educational program details to the Quality Improvement Assessment Board (QIAB) to review and determine if it can be implemented within the institution. The QIAB team would ensure that all education materials provided to the patient are easy to read and follow and are at an eighth-grade reading level to ensure patients are able to fully understand the information.

The next step would be to reach out to the clinical nurses, physicians, and administrators to encourage participation. It is extremely important to promote the project early on, build a strong team, and build excitement within the unit to ensure the success of the project (Melnyk & Fineout-Overholt, 2019). Staff members would be asked to join the team and use this project as part of their yearly goals and evaluations. Each year, the nursing staff is encouraged to pick a new goal for their yearly performance review and implementing a new project similar to this one would ensure the staff would meet (or exceed) expectations. By encouraging the staff to select this as an evaluation goal, the staff would be more willing to volunteer and accept the changes. Furthermore, informal unit leaders would be encouraged to join the team because as stated by Melnyk and Fineout-Overholt (2019), informal leaders on the unit play a big role in how change is perceived by others.

Once the team has been established, the nursing team and staff would receive training and "super users" would be identified for extra support for the staff during and after implementation. Training would include a PowerPoint presentation for them to review and ask questions if needed. The information included in the PowerPoint would include important information regarding opioids, side effects, behavioral risk factors, importance of adherence, safe storage, correct disposal, improper use, and overdose response and knowledge. Super users would receive additional training to ensure that they are proficient in the information related to the project and to ensure that they have a direct point of contact for any questions that they cannot answer.

Next, eligible patients would be enrolled in the program. The educational program would be held twice a week, on Tuesdays and Thursdays from 10:00 am to 11:00 am. The program would be eight weeks long for a total of 16 total programs. Patients would be encouraged to attend one of the 16 programs that are offered. During the educational program, patients would be provided with a written pre-test at the beginning of the session, as seen in Appendix C. They would discuss the importance of taking opioids on time, disposal, safe storage, and proper use of the medication. They would also provide patients with opioid overdose educational interventions including how to respond in case of overdose and teaching family and friends how to manage overdose. Patients would be provided with a medication log as seen in Appendix D so that they are able to track their pain medications and would be instructed to bring this document to their next appointment with their physician to discuss. This log would hopefully, in turn, help modify and rectify any negative behavioral characteristics. After the educational program, patients would be given the opportunity to ask any questions they may have before taking the post-test. After the eight weeks of implementation, the pre and post-test data would be gathered to evaluate the project.

Timetable/Flowchart

This project has been studied and worked on for multiple semesters. Evidence has been gathered over time and the PICOT question was developed and modified as needed to meet the patient needs. This project would have been implemented at MD Anderson Cancer Center—West Houston which is an outpatient hospital. The entirety of the project would be carried out over a total of 14-weeks with the educational program being eight weeks long. This was a benchmark project and was not implemented. If it would have been implemented, during weeks one to two, the project would be submitted to the QIAB at the organization. If approval was obtained then during weeks two to four the project would be advertised, and a team would be gathered and educated. Next, during weeks four to five eligible patients would be enrolled in the program. During weeks five to 12, the project would be implemented. During weeks 12 to 14, data would be gathered and interpreted. Lastly, during weeks 13 to 14, the project would be evaluated. Table 1 depicts the specific timeline of the phases and the flowsheet is seen in Appendix B.

Data Collection Methods

Data collection and evaluation for this benchmark project would have been through a pre and post-test. The first thing that participants would receive at the educational program is a written pre-test in order to assess their baseline knowledge. After the educational program, the participants would take the same written post-test to assess their knowledge gained. The test questions for the pre and post-test were derived directly from the neurophysiology of pain questionnaire (NPQ-R) and 27-item barrier questionnaire (BQ-27). These well-established questionnaires have been used in multiple different studies and are accepted by the pain management community as valid tools of assessment. If implemented, the educational program team would have analyzed the results, used a paired t-test to determine effectiveness, and discuss

the results of all programs at the end of the eight-week program (weeks 13-14 as shown in Table 1).

Table 1

Opioid Education Program Timeline

Week(s)	Phases
1-2	Submit project to QIAB
2-4	Advertise project, gather a team, and educate team
4-5	Enroll eligible patients to program
5-12	Implement project as described
12-13	Gather data
13-14	Evaluate the project

Note. Timeline based on 14-week school semester.

Cost/Benefit Discussion

The resources needed to enact this benchmark project would be a training course for the interprofessional team (PowerPoint slide set) and office supplies (paper, printer, ink, and pencils or pens). Melnyk and Fineout (2019) state that the availability of healthcare resources is often a barrier to change, which has been a motivator for this project. The costs associated with bringing the change to the organization are mainly from office supplies which include paper, ink, and writing utensils. These items are all often fully stocked in the organization and would inquire no additional expenditures or ordering of supplies. These expenses would continue to be needed throughout the entirety of the project and would roughly cost around $100 for the 14 weeks if they needed to be ordered. The personnel in the team would have been volunteers that already

work for the organization, and would work on this project during business hours, so there would be no additional labor costs for their participation. Given that the cost estimate of this change project is minimal, the benefits of this project outweigh the risks.

Patient safety is always the top priority in any organization and the evidence has shown that patients and nurses would both benefit from receiving additional education. There are no anticipated risks of providing this educational program to the patients. The change would be carried out by the nurses who would be the primary leaders in this change project and would be responsible for running the educational project for the patients with the help of the interdisciplinary team.

Discussion of Proposed Results

Due to the COVID-19 pandemic, this project was unfortunately not implemented and thus there are no results at this time. There are certainly plans to implement this project in the future, and a lot has been learned in the process. The leadership team at the organization was looking forward to the implementation of this project and would facilitate anything needed when it is safe to do so. If this project was implemented, based on the research seen in Appendix A, the project would have had positive results for the staff, patients, and the institution. As a future masters prepared nurse, projects like this one are essential to continue to improve patient care and patient safety. It is anticipated that after the NPQ-R and BQ-27 scores would show an increase in knowledge from pre to post-test. Furthermore, a statistically significant p-value would be gained following the educational intervention.

Conclusions/Recommendations

Although the project was not able to be implemented, it would be a great opportunity for the staff, institution, and patients to implement this project once it is possible and safe to do so. Opioids can be exceptionally dangerous if not taken correctly. Patient safety should be of the

greatest importance in any clinical or hospital setting. The additional education would be beneficial for the staff nurses by refreshing their knowledge about opioids and providing them with the confidence needed to adequately educate the patients. As noted in Appendix A, educating patients would increase their knowledge, decrease improper use, and decrease pain levels among other benefits. A recommendation going forward would be to also offer this educational program virtually so that patients can receive this benefit from the comfort of their homes to increase patient participation. As there is no end in sight for this pandemic, patient safety should still be a priority and alternate methods should be explored to implement this project. Furthermore, since patients often tend to have multiple other appointments and treatments to attend to in person, a virtual program may be more well received by the patients.

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Appendix A

Synthesis Table

Studies	Design	Sample	Intervention	Outcome
A	Quantitative, quasi-experimental pre/post-test design	N=54 inpatient nurses, 193 outpatients Age=not provided Sex=not provided	-IP EI	↑ nurse knowledge, ↑ patient knowledge, ↑ safe storage of opioids, ↑ correct disposal of opioids, ↑ not sharing opioids, ↓ improper use of opioids
B	Quantitative, RCT	N=76 outpatients (25-pamphlet, 24-computer, 27-computer + mastery) Age=37.8 (mean)-41.9 (mean) YO Sex=majority male	-Pamphlet EI -Computer EI -Computer + mastery EI	↑ patient knowledge, ↓ in behavioral risk factor, ↑ OD response domain, ↑ knowledge of opioid OD, ↓ OD risk behavior
C	Quantitative, QI project	N=306 nurses (over half inpatient nurses) Age=60.4% <40 YO	-Online EI	↑ nurse knowledge, ↑ nurse confidence, ↑ nurse skills

		Sex=majority female		
D	Quantitative, RCT	N=54 outpatients (SC-26, pain consult + PEP-28 Age=28-81 YO Sex=majority female	-Pain consult & EI	↑ patient knowledge, ↑adherence to opioids
E	Quantitative, RCT	N=152 outpatient parent-child pairs (SC-51, intervention group 1-49, intervention group 2-52) Age=parents-25-57, children-6-14 Sex=majority female	-Pamphlet, video & IP EI -Pamphlet, video EI	↑ parent knowledge, ↑ nonpharmacologic methods
F	Quantitative, quasi-experimental pre/posttest	N=25 participants Sex=female Age=not provided	-Two session IP EI	↑ patient knowledge
G	Quantitative,	N=30 patients	-IP EI and	↑ patient knowledge, ↑

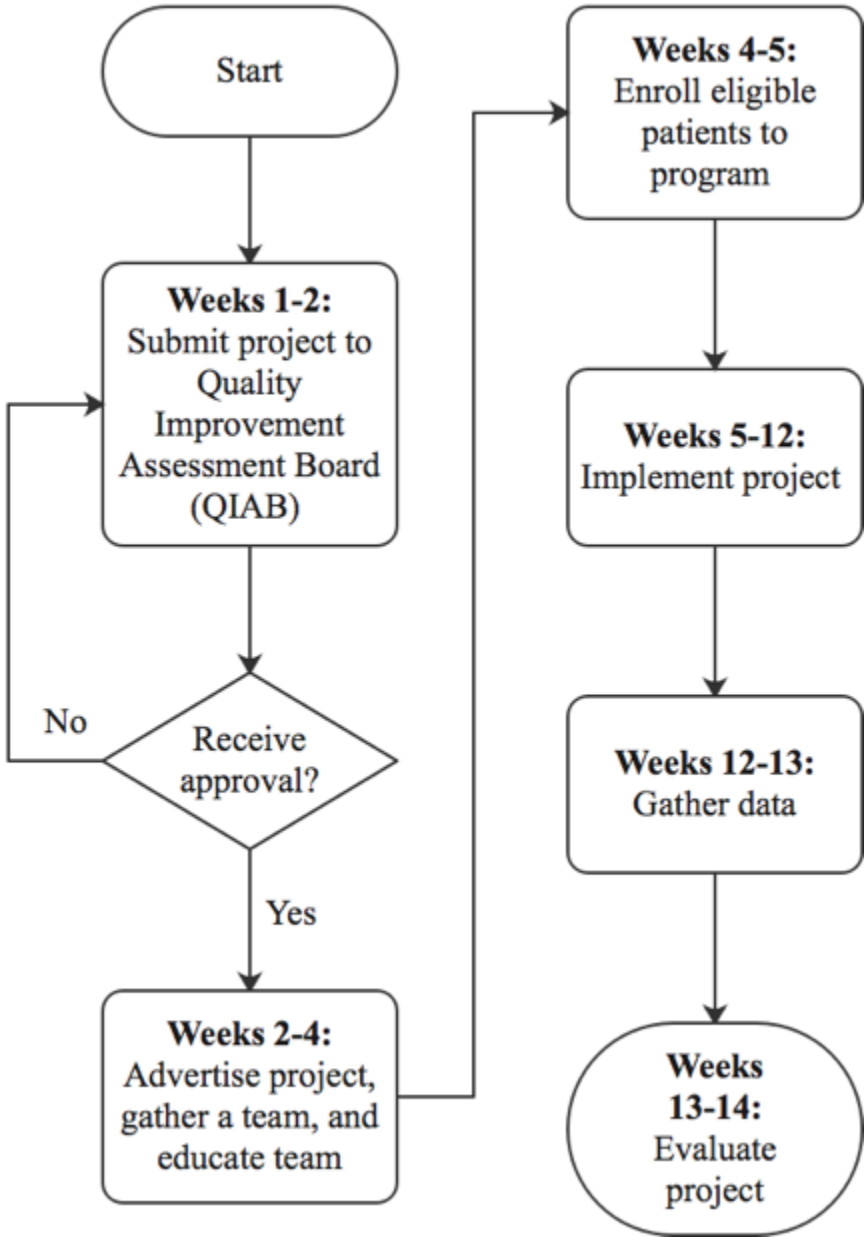
	quasi-experimental pre/posttest design	who recently underwent orthopedic surgery Sex=15 male, 15 female Age=not provided	package	knowledge about side effects of opioids
H	Quantitative, retrospective quasi-experimental pre/posttest design	N=102 participants Sex=55% male Age= mean is 45.9	-6 week IP EP incorporating PT	↑ pain knowledge increased, ↓ depression rates, ↓ pain levels, ↓ pain severity, ↓ pain interference decreased, ↓ opioid intake
I	Quantitative RCT	N=75 participants Sex=66% female Age=at least 50 years of age	-SC -interactive educational video -educational video + telecare by physician	-Video + telecare: greater ↓ in pain compared to SC -Video alone: ↓ in pain compared to SC -Video + telecare greater ↓ in pain -EI compared to SC = ↑ knowledge, ↓ side effects, ↓ ongoing opioid use, and ↑ physical function

J	Quantitative QI Project	N=52 patients, 50 nurses Sex=not provided Age=18 and older	-IP EI and pamphlet	-↑ nurse knowledge, ↑ patient knowledge, ↑ knowledge about taking, storing, or disposing of pain medication
K	Quantitative RCT	N=210 total patients Sex=42% male Age=median age 43	-SC -IP EI and pamphlet	-↑ patient knowledge regarding precautions on taking pain medications, ↑ knowledge of side effects
L	Quantitative cohort study	N=532 participants Age=18 and over Sex=57.7% female	-SC -pamphlet EP	-↑ patient knowledge of safe use of opioids, patient knowledge of disposal, ↑ patient knowledge of risks of sharing medications, ↑ knowledge of safe keeping of medications

Legend: A = Costello et al., 2016; B = Dunn et al., 2017; C = Leung et al., 2019; D = Oldenmenger et al., 2017; E = Zhu et al., 2018; F = James et al., 2019; G = Ho et al., 2015; H = White et al., 2018; I = Platt-Mills et al., 2018; J = Waszak et al., 2018; K = McCarthy et al., 2015; L = De La Cruz et al., 2016; EI = educational intervention; IP = in person; N = sample size; OD = overdose; PT = physical therapy; QI = quality improvement; RCT= randomized controlled trial; SC = standard care; YO = years old

Appendix B

Flowchart



Appendix C

Instrument

Pre/Post Test Assessment

Directions: Please select the best answer choice.

1. Pain medicine is very addictive. a. Strongly disagree b. Disagree c. Neither agree nor disagree d. Agree e. Strongly agree	**6. Doctors need to concentrate on curing illness not pain. Having pain means that the disease is getting worse** a. Strongly disagree b. Disagree c. Neither agree nor disagree d. Agree e. Strongly agree
2. Pain medicine should be saved in case the pain gets worse. a. Strongly disagree b. Disagree c. Neither agree nor disagree d. Agree e. Strongly agree	**7. Having pain means that the disease is getting worse** a. Strongly disagree b. Disagree c. Neither agree nor disagree d. Agree e. Strongly agree
3. It is easier to put up with pain than with the side effects that come from pain medicine. a. Strongly disagree b. Disagree c. Neither agree nor disagree d. Agree e. Strongly agree	8. **When you injure yourself, the environment that you are in will not affect the amount of pain you experience, as long as the injury is exactly the same.** a. True b. False
4. Good patients avoid talking about pain. a. Strongly disagree b. Disagree c. Neither agree nor disagree d. Agree e. Strongly agree	9. **When you are injured, special receptors convey the danger message to your spinal cord.** a. True b. False
5. Pain medication cannot really control pain. a. Strongly disagree b. Disagree c. Neither agree nor disagree d. Agree e. Strongly agree	10. **Worse injuries always result in worse pain.** a. True b. False

Appendix D

Pain Medication Log

Name:_____ D.O.B.:_____

Date/Time:	Medication Name & Dosage:	Pain Level (0=no pain, 10=worst pain imaginable):	Notes: